#### **FEE TRANSMITTAL**

#### Electronic Version v08

Stylesheet Version v08.0

Title of Invention

Surgery delivery device and mesh anchor

Application Number:

Date:

First Named Applicant: Dr. John I. Shipp

Attorney Docket Number:

# **TOTAL FEE AUTHORIZED \$ 693**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

### **BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$			
Utility Filing Fee	2001	385	385			
Subtotal For Basic Filing Fees: \$ 385						

## **EXTRA CLAIM FEES**

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 22	2	2202	9	18
Independent Claims : 3	0	2201	43	0
Multiple Dependent Claims		2203	290	290
			Subtotal For Extra	Claims Fees: \$ 308

### **AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 0218

Expiration Date (YYYYMMDD): 2005-07-31

Authorized name: Reba C. Shipp

Billing address: 37388